# FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAGE

File with: lowe Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Sts. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

electronically.

Effective May 1, 2010, all statements and reports for State PACs and State
Parties must be filed electronically.

Reset Form.

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COMMITTEE NAME (Must be same as on Statement of Organical Committee Name (Must be same as on Statement of Organical Committee Name (Must be same as on Statement of Organical Committee Name (Must be same as on Statement of Organical Committee Name (Must be same as on Statement of Organical Committee Name (Must be same as on Statement of Organical Committee Name (Must be same as on Statement of Organical Committee Name (Must be same as on Statement of Organical Committee Name (Must be same as on Statement of Organical Committee Name (Must be same as on Statement of Organical Committee Name (Must be same as on Statement of Organical Committee Name (Must be same as on Statement of Organical Committee Name (Must be same as on Statement of Organical Committee Name (Must be same as on Statement of Organical Committee Name (Must be same as on Statement of Organical Committee Name (Must be same as on Statement of Organical Committee Name (Must be same as on Statement of Organical Committee Name (Must be same as on Organical Committee Name (Must be s	enization)			
Hockensmith for Supervisor		1 -	ORM OR-2	
IMPORTANT: Indicate by # type of committee you are reporting for:  (1) Statewide/Logislative/Judge Standing for Rotention Candidate (4) County Central Committee (5) County Candidate (9) City Cand Subdivision Candidate (8) County PAC (9) City PAC (10) School 11) Local Ballot issue	2 )State PAC ( 3 )State Party idate ( 7 )School Board or Other Political	(Re	v. 12/2009) Office Use On	<u> 17036</u>
CANDIDATE COMMITTEES ONLY: Candidate Name Tom Hockensmith Office Sought	Political Party (if applicable) Democrat  District (if Senate or House)	Sca	nned <u>S</u> nputer	
Polk County Supervisor				
Late reports are subject to possible civil and criminal penalties. Pucandidate's committee, and the chairperson, for any other type of SUNATURE OF PERSON FILING REPORT	committee, is the individual responsible for	iling tim	401(3), the callely and accura 5 -/ 7 - DATE S	/ O
I AM FILING A May 14.2010	REPORT FOR (1) ELECTION /(2)	NON-E	LECTION YE	AR.
(report date)	Indicate by #	_		
CHECK IF AMENDMENT TO REPORT DATED			ittees, enter Da	to of Flaction
☐ Check if this is final (termination) report and attach Notice (You must continue to file reports until a DR-3 is file	of Dissolution Form DR-3.	vember nty & Lo ch Electic	2, 2010	s, enter County in
STATEMENT OF CASH ON HAN	D			,
STATEMENT OF CASH ON HAN  CASH ON HAND at the beginning of the reporting period. (To  committee. This amount MUST be the same as the  of the last reporting period or must be zero if this is	otal of all funds held by the cash on hand at the end	\$	46,766.54	
CASH ON HAND at the beginning of the reporting period. (To committee. This amount MUST be the same as the	otal of all funds held by the cash on hand at the end	\$		
CASH ON HAND at the beginning of the reporting period. (To committee. This amount MUST be the same as the of the last reporting period or must be zero if this is	otal of all funds held by the cash on hand at the end first report filed.)		46,766.54 665.31	
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#### For Instructions, See Back of Form

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#### **CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	
Hockensmith for Supervisor	

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
CHECK THIS BOX IF AMENDING FORM	

STATE CANDIDATES NOTE: .: PA CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	VIFFOR FUND- RAISER INCOME
01/12/2010	ID# CK#	Larry Land 6048 Terrace Drive Johnston, IA 50131		\$300.00	
01/21/2010	ID#	James Murphy 1925 SE 82nd Street Runnells, IA 50237		50.00	
01/29/2010	CK#	Community State Bank PO Box 127 Ankony, IA 50021		3.73	
02/08/2010	ID# CK#	Richard Easter 3078 Fox Street Oscools, IA 50213		250.00	
02/26/2010	ID#	Community State Bank PO Box 127 Ankeny, IA 50021		3.58	
03/08/2010	CK#	Frank Marsco 507 E Locust Suite 203 Des Moines, IA 50309		50.00	
03/31/2010	ID#	Community State Bank PO Box 127 Ankeny, IA 50021		4.20	
04/30/2010	CK#	Community State Bank PO Box 127 Ankeny, IA 50021		3.80	
	ID# CK#		·		
	ID# CK#				
-	•	· · · · · · · · · · · · · · · · · · ·	SUB-TOTAL	<del>                                     </del>	

TOTAL (if last page of this schedule)

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1 (for Schedule A)

665.31

665.31

FOR INSTRUCTIONS, SEE BACK OF FORM

		Reset Form	
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## EXPENDITURES — MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTERS: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF ENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Hockensmith for Supervisor

	CANDIDATE	NAME AND ADDRESS TO WHOM	PURPÔSÉ	AMOUNT
DATE EXPENDED (MM/DD/YR)	ID NUMBER (If applicable) AND PAC CHECK NUMBER	EXPENDITURE (Disbursement) WAS MADE	(DESCRIBE TRANSACTION)	EXPÉNDED
01/07/2010	ID#	Capitol City Mini Storage 2222 Guthrie Avenue Des Moines, IA 50317	rent	\$ 40.28
	ID#	Wells Print & Digital Services	web site & e-mail hosting	
01/22/2010	CK#	PO Box 127 Ankeny,IA 53701	7/1/09 thru 12/30/09	220.00
	ID#	Polk County Democrats	donation	
01/29/2010	CK#	Des Moines, IA		250.00
	ID#	Community State Bank	service charge 8.00	
01/29/2010 CK	CK#	PO Box 127 Ankeny, IA 50021	tax .48	8.48
	ID#	Capitol City Mini Storage	rent	
01/29/2010	CK#	2222 Guthrie Avenue Des Moines, IA 50317	·	40.28
· · · · · · · · · · · · · · · · · · ·	ID#	Polk County Auditor	voter list	
02/03/2010	CK#	Des Moines, IA 50309		25.00
. "	ID#	Carter Printing	ictterhead & envelopes	
02/27/2010	CK#	1739 E Grand Des Moines, IA 50316		182.3.2
····	ID#	Community State Bank	service charge 6.78	
02/26/2010	CK#	PO Box 127 Ankeny, IA 50021	tax .41	7.19
		<u> </u>	SUB-TOTAL	\$ 773.55
			TOTAL (if last page of this schedule)	\$

THIS BOX	APPLIES'	TO CANDIDATES'	' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entitles providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G Instructions and lows Code 68A.402(3)(i).)

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FOR INSTRUCTIONS, SEE BACK OF FORM

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### EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF ENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Hockensmith for Supervisor

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHÓM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
03/09/2010	ID# CK#	Capitol City Mini Storage 2222 Guthrie Avenue Des Moines, IA 50317	rent	\$ <sup>40.28</sup>
03/15/2010	ID# CK#	Paige Petersen Photography 4212 Ovid Des Moines, IA 50310	photo shoot & photos	350.00
03/31/2010	ID#	Community State Bank PO Box 127 Ankeny, IA 50021	service charge 4.67 tax .28	4,95
04/01/2010	CK#	Capitol City Mini Storage 2222 Guthrie Avenue Des Moines, IA 50317	rent	40.28
04/30/2010	ID# CK#	Community State Bank PO Box 127 Ankeny, IA 50021	service charge 4.87 tax .29	5.1604/30/2
04/30/2010	ID# CK#	Capitol City Mini Storage 2222 Guthrie Avenue Des Moines, IA 50317	rent	40.28
	ID# CK#			
	ID# CK#			
•	1	<u>.</u>	SUB-TOTAL	\$ 480.95

TOTAL (if last page of this schedule)

\$ 1254.50

#### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-ratising, polling, managing, organizing services must also be detail itemized on schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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